MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								10/537761				FILING DATE		
		(FOR US	E WITH	FORM	PTO-875	5)	APPLICA	NT(S)						
							AIMS							
	AS FILED		AFTER 1*AMENDMENT		AFTER 1 ~ AMENDMENT			AS FILED		AFTER 1"AMENDMENT		AFTER 2 - AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP	
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3			7				52 53						<u> </u>	
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TOTAL DEP.		4	13	4		4	TOTAL DEP.		4				4	
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RMIAL		***					CLAIMS		ST 22:				35	